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DO PATIENTS AND PHYSICIANS HAVE SIMILAR PREFERENCES CHRONIC HEPATITIS B TREATMENT OUTCOMES IN TURKEY?

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**OBJECTIVES:** To quantify patient and physician preferences for therapeutic tradeoffs involving efficacy, side-effect risks, and evidence uncertainty in chronic hepatitis B (CHB) treatments. **METHODS:** Physicians who treat CHB patients and adult patients with a self-reported physician diagnosis of CHB completed a web-enabled, discrete-choice experiment survey in Turkey. Both patients and physicians answered 12 treatment-choice questions. Each question required evaluating a pair of hypothetical CHB medication profiles defined by years the medicine has been studied, probability that patient's viral load remains undetectable for five years with possible reversal of disease progression, five-year treatment-related risks of a fracture and renal insufficiency, and monthly medication cost. Nested-logit and random-parameters logit models were used to estimate preference weights for all attribute levels and the mean relative importance of each attribute. **RESULTS:** One hundred fifty-nine physicians and 117 patients completed the survey in Turkey. Turkish physicians and patients disagreed on the relative importance of all treatment attributes. Turkish patients ranked years of evidence as the most important attribute, while Turkish physicians ranked risk of renal insufficiency as most important. Turkish physicians were willing to accept a 3.2% smaller increase in fracture risk than patients for an additional year of evidence. **CONCLUSIONS:** This is the first study to quantify patient and physician preferences for CHB treatment attributes and the first study to elicit physician and patient preferences for years of evidence. We observe different discrepancies between physician and patient preferences in Turkey. Such discrepancies may interfere with optimal outcomes if not considered in patient-physician interactions.

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DISCRETE CHOICE EXPERIMENTS (DCES) IN HIV/AIDS TREATMENT: EXPERT JUDGEMENT IN COMPARISON TO PATIENT PREFERENCES

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**OBJECTIVES:** In order to make HIV treatment as effective as possible expert judgement and patient preferences should be attuned. This study aims to elicit patients' preferences and to compare them to physicians' assumptions in HIV therapy. **METHODS:** In the first part qualitative and quantitative methods were applied to identify patient preferences. Literature review, focus groups, direct assessment and a discrete choice experiment were conducted to elicit relevant treatment objectives from the patients' perspective. In the second part an expert survey with German physicians (HIV specialists) was used to assess the experts' judgement for the same objectives. The discrete choice experiment was conducted using a fractional factorial design (two-fold, six attributes) and the statistical data analysis used random effect logit models. **RESULTS:** A total of 218 patients and 131 physicians participated in the study. "Emotional quality of life: HIV- infection not obvious" was ranked highest both by physicians and patients (coeff. phys.: 4.00, coeff. pat.: 2.98) followed by "social quality of life: possibility to take part in social life" (phys.: 1.95, pat.: 1.14) as well as "constitution: less diarrhoea, and nausea" (phys.: 1.93, pat.: 1.61), the latter on second rank for the patients. Less important and ranking of posts four to six were "life span: maximal increase" (phys.: 0.85, pat.: 0.74), "avoidance of long-term impairment" (phys.: 0.83, pat.: 0.41) and "flexibility and dosage: treatment-combination of max. 3 tablets per day" (phys.: 0.64, pat.: 0.45). All six attributes had significant effects in both models. **CONCLUSIONS:** This enables testing of the concordance between patient and physician valuation of multiple treatment goals for HIV/AIDS therapy. Experts' assumptions and patients' preferences were similar, showing that physicians in HIV treatment are aware of their patients' needs and wishes. DCE and direct assessment proved to be valid instruments to elicit treatment preferences in HIV treatment for experts as well as for patients.

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SENSITIVITY OF PRO'S IN EVALUATING ADVERSE EVENTS IN PEOPLE RECEIVING INFLUENZA VACCINATION

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**OBJECTIVES:** To investigate whether patient reported outcomes could detect differences between H1N1 and seasonal influenza vaccinations on adverse events over a 26 week follow up period. **METHODS:** In this evaluation, PROBE methodology consisting of a web-based system supplemented by telephone reporting was used to collect naturalistic data from people who had received an influenza vaccination during 2009-2010 season. People were recruited through media advertising and awareness campaigns in public places and work (West of Scotland). Data collection on day of immunisation, after 3 days, 8 days, 6 weeks, 12 weeks and 26 weeks. Data included age, sex, presence or absence of chronic illness, flu vaccination history, any side effects following vaccination including the duration and action taken. **RESULTS:** A total of 1103 vaccine recipients including 134 young children (< 5 years) participated; 694 (63%) received H1N1 vaccine only, 135 (12%) seasonal only, 224 (20%) both H1N1 and seasonal vaccines and 50 (5%) received H1N1 or seasonal vaccine with a non-influenza vaccine (e.g. travel or pneumococcal). Overall, 70% of respondents reported experiencing a side effect after vaccination – this includes pain/discomfort at the injection site and any other side effects. Of the 964 recipients of an H1N1 vaccine, significantly more (511, 74%) experienced a side effect compared with those who received only the seasonal flu vaccine (45%, $\chi$2-test p <0.001). Multivariate regression analysis revealed that female sex and the H1N1 vaccination were more likely to report any side effect (OR 2.10, p<0.001 and OR 4.47, p<0.001 respectively) and age > 70 less likely to report (OR 0.29, p<0.001). **CONCLUSIONS:** People receiving the H1N1 vaccination were more likely to experience side effects than seasonal influenza vaccination alone. This evaluation shows that the PROBE methodology quickly and simply captured patient reported outcome information in a vaccinated population including children.

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PATIENT REPORTED OUTCOMES AMONG CHRONIC HEPATITIS C PATIENTS RE-TREATED WITH PEGINTERFERON ALFA-2A/RIBAVIRIN AFTER NON-RESPONSE TO PEGINTERFERON ALFA-2B/RIBAVIRIN IN SPAIN

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**OBJECTIVES:** Primary analysis of REPEAT study showed that 72 weeks treatment with PegIFN-alfa2a/ribavirin was more effective than 48 weeks in chronic hepatitis C patients non-responders to previous PegIFN-alfa2b/ribavirin. The aim of this prospectively planned secondary analysis was to assess patient reported outcomes (PRO) of re-treatment with PegIFN-alfa2a/ribavirin versus previous treatment with PegIFN-alfa2b/ribavirin in Spain. **METHODS:** In REPEAT, 950 non-responders to PegIFN-alfa2b were randomized to PegIFN-alfa2a 360$\mu$g/week for 12 weeks, then 180$\mu$g/week for a further 60 or 36 weeks (Arms A or B, respectively), or PegIFN-alfa2a 180$\mu$g/week for 72 or 48 weeks (Arms C or D, respectively); all patients received ribavirin 1000-1200mg/day. In this sub-analysis, 100 Spanish patients from 10 centres (Arms A: n=40; B: n=19; C: n=11; D: n=30) were administered a two-part questionnaire: part one was completed at baseline (questions on previous PegIFN-alfa2b/ribavirin therapy) and part two was completed at end of treatment (questions on recent PegIFN-alfa2a/ribavirin therapy). The questionnaire included 15 items concerning patient perception of viral load, tolerability of treatment, health status, management of devices as well as side effects and problems experienced specifically to one treatment. **RESULTS:** At baseline, 16% patients reported feeling good/excellent, 43% fair and 41% poor while receiving PegIFN-alfa2b/ribavirin versus 30%, 49% and 20%, respectively, at end of re-treatment. Significantly more patients perceived PegIFN-alfa2a/ribavirin to be associated with better/much better effects on viral load, tolerance, health status and handling of devices versus PegIFN-alfa2b/ribavirin. Problems exclusive to PegIFN-alfa2b/ribavirin were reported in 33% of patients while 17% reported new problems with PegIFN-alfa2a/ribavirin. With either treatment, >96% of patients reported side effects. Patient-reported tolerance to PegIFN-alfa2a/ribavirin was similar in all treatment arms, irrespective of dose (p=0.069). **CONCLUSIONS:** Re-treatment with PegIFN-alfa2a/ribavirin in Spanish patients improved assessed patient reported outcomes versus previous treatment with PegIFN-alfa2b/ribavirin. Patients reported good tolerance even in 72 weeks re-treatment.

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ASSESSMENT OF KNOWLEDGE AND AWARENESS OF HEPATITIS B AMONG GENERAL PUBLIC IN PAKISTAN

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**OBJECTIVES:** To evaluate knowledge and awareness of hepatitis B in general population of Quetta, Pakistan. **METHODS:** A questionnaire-based cross sectional analysis was designed. A pre-tested and validated questionnaire containing 20 questions (6 questions for general information, 4 for symptoms, 6 for transmission and 4 for treatment) was used for data abstraction. Stratified groups from 2 towns of the city aging 18 years and above were approached. Descriptive statistics were used to describe demographic of the population. Percentages and frequencies were used to categorize categorical variables, while means and standard deviations were calculated for the continuous variables. Non parametric tests (Mann-Whitney and Kruskal Wallis Test) were used where appropriate. Knowledge scored was categorized into good, medium and poor knowledge. All analyses were performed using SPSS 16.0. **RESULTS:** Three hundred and ninety individuals were enrolled in the study with 210 (53.8%) of males. Majority (n=178, 45.6%) were categorized in age group of 18-30 years. The mean knowledge score was calculated as 8.67±2.730 (out of 20) and was categorized as poor. Education level, occupation, income level and locality had significant relation with knowledge scores of the general population regarding hepatitis B. **CONCLUSIONS:** This study shows that there is poor level of knowledge and awareness of hepatitis B in general population of the city. Disease specific educational and awareness interventional program is recommended.

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ASSESSMENT OF HEALTH RELATED QUALITY OF LIFE (HRQOL) IN HEPATITIS- B PATIENTS

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**OBJECTIVES:** To evaluate HRQoL in hepatitis B patients attending public hospitals in Quetta, Pakistan. **METHODS:** A descriptive study was shaped as a questionnaire-